



Individual Complaint Form

Date*: 04/30/2020

2020 MAY 19 AM 8:55

Complainant or Legal Representative Information:

* Required Fields

Name * James E Wilson

Firm (if applicable) Kimberly A Wilson

Mailing Address * 104 Springfield Drive

City, State Zip * Pelzer, SC 29669

Phone * 864-201-8345

E-mail KWilson30044@yahoo.com

Name of Utility Involved in Complaint: * Duke Energy

Type of Complaint (check appropriate box below.) *

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Billing Error/Adjustments | <input type="checkbox"/> Deposits and Credit Establishment | <input type="checkbox"/> Wrong Rate | <input type="checkbox"/> Refusal to Connect Service |
| <input type="checkbox"/> Disconnection of Service | <input type="checkbox"/> Payment Arrangements | <input type="checkbox"/> Water Quality | <input type="checkbox"/> Line Extension Issue |
| <input type="checkbox"/> Service Issue | <input checked="" type="checkbox"/> Meter Issue | | |
| <input type="checkbox"/> Other (be specific) | | | |

Have you contacted the Office of Regulatory Staff (ORS)? * ☒ Yes ☐ No

Name of
ORS Contact:

Concise Statement of Facts/Complaint: * (This section must be completed. Attach additional information to this page if necessary.)

Complaint filed in summer 2017 concerning high billing of \$600/\$800 dollars for 2 senior adults aged 75 and 80. Price was unreasonable and was not that high for 15 years and has not been that high since those two months. I previously filed a complaint. The ac was service every month for years by a heating/air company and their was not an issue. We replaced the washer/dryer/refrigerator all to energy efficient appliances.

Relief Requested: * (This section must be completed. Attach additional information to this page if necessary.)

We would like Duke to correct billing based on past/present history and refund the difference which should be somewhere in the neighborhood of \$850.00 or release service in writing so we may acquire Laurens electric, who is willing to service location.

I UNDERSTAND AND AGREE THAT THE INFORMATION GIVEN ON THIS FORM IS PUBLIC INFORMATION THAT WILL BE PUBLISHED ON THE COMMISSION'S WEBSITE (dms.psc.gov), AND I UNDERSTAND SUCH INFORMATION MAY BE SUBJECT TO PUBLIC SCRUTINY OR FURTHER RELEASE.

Complainant's Signature* (MUST BE SIGNED, DO NOT PRINT)

STATE OF SOUTH CAROLINA)
COUNTY OF Greenville)

VERIFICATION

I, Kimberly Wilson, verify that I have read my complaint filed on 4/30/20
Complainant's Name * Date *

and know the contents thereof, and that said contents are true.

Complainant's Signature* (MUST BE SIGNED, DO NOT PRINT)

Internal Use Only

Processed By	Date
H.E.	